

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90158 038 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000067,428**

1. Entity Name

FAMILY TIES OF FLAGLER COUNTY, INC.

Principal Place of Business

274B PALM COAST PKWY NE  
PALM COAST FL 32137

Mailing Address

274 B PALM HARBOR SHPPG VILLAGE  
PALM COAST FL 32137

2. Principal Place of Business

15 Essington Lane

3. Mailing Address

PO Box 350431

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Palm Coast, FL

City &amp; State

Palm Coast, FL

4. FEI Number 59-3592492

Applied For

Not Applicable

Zip

32164

Country

Fla

Zip

32135

Country

Fla

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HARDING, GINA B  
274 B PALM COAST PKWY NE  
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name Gina Harding

Street Address (P.O. Box Number is Not Acceptable)

PO Box 350431

City Palm Coast

FL 32135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Gina B. Harding

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME BROWN, BARBARA S  
STREET ADDRESS 1674 UNIVERSITY PKWY LT 66  
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE VP  
NAME BROWN, PAUL A  
STREET ADDRESS 1674 UNIVERSITY PKWY LT 66  
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE S  
NAME HARDING, GINA B  
STREET ADDRESS 111 WOODHAVEN DR  
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE T  
NAME TAYLOR, BRENDA B  
STREET ADDRESS PO BOX 1103  
CITY-ST-ZIP TALLEVAST FL 34270-1103 ☐ Delete

TITLE DO  
NAME BROWN, DONALD  
STREET ADDRESS 146 FENNIMORE DRIVE  
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE D  
NAME BROWN, DAVID  
STREET ADDRESS 146 FENNIMORE DRIVE  
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Paula Brown, Director ☐ Change ☒ Addition  
NAME POB 556  
STREET ADDRESS Whiteier, NC 28189

TITLE Deanna Davis ☐ Change ☒ Addition  
NAME 1312 Brook Highland Lane  
STREET ADDRESS Birmingham, AL 35242

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gina B. Harding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (10/00)